FILING DATE

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCYST ATION SHEET (FOR USE) H FORM PTO-875)

1 Dooker

PTO - 1360 (REV. 11/04)

IMS				-		·	
			ILED	AFTER		AFTER	
ļ		IND.	DEP.	IND.	DEP.	IND.	DEP
51 52						21720	DEL
53			<u> </u>				
<u>53</u> 54							
55							
56							
57 58	-						
59	\neg						
60							
61	_						
62	-		·				
64	1						
65							
66	- -						
68	-						
69							
70	- -						
71 72	- -	-	··				
73	_				·		
_ 74.							
75 76	- -						
77	┪						
78					·		•
79 80	- -						····
81	+						
82							
83	1						
84 85	- -				·		
86	1-						
87							
88	1						
89. 90	╁						
91	1-	 -	 -		_		
92	I						
93	1						
94 95	╂						
96	1-						
97	T				J		
98							
99	_						_
100	 						
TOTAL IND.	_		₩		4		1
TOTAL DEP						4	
TOTAL							

U.S. DEPARTMENT of COMMERCE